

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-010803

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 61Primary Registration District No. 4107Registrar's No. 136

STATE FILE NUMBER

FILED APR 8 1963

## 1. PLACE OF DEATH

a. COUNTY Cedarb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN El Dorado Springs

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Cedar Co. Mem. Hosp.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE Missouri b. COUNTY Cedarc. CITY  
OR  
TOWN El Dorado SpringsInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location) East Fields Blvd.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First CHARLESMiddle HAYDENLast CASEY4. DATE  
OF  
DEATHMonth 3 Day 31 Year 63

## 5. SEX

male

## 6. COLOR OR RACE

white7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6-6-1891

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months 71 Days 71 Hours 71 Min. 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

butcher retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Cedar Co., Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Thomas J. Casey

## 13b. MOTHER'S MAIDEN NAME

Martha Sallee

## 14. NAME OF HUSBAND OR WIFE

Lola Caldwell Casey15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)nonone

## 16. SOCIAL SECURITY NO.

3

## 17. INFORMANT

Lola Casey El Dorado Spgs., Mo.18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebral vascular accidentINTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

cerebral arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

October 1961 to 3/31/63and last saw him alive on 3/31/63

Death occurred at

2:45 p

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert L. Maguire M.D.

## 22b. ADDRESS

El Dorado Springs, Mo.

## 22c. DATE SIGNED

4/2/6323a. BURIAL, CREMATION,  
REMOVAL (Specify)burial

## 23b. DATE

4-3-63

## 23c. NAME OF CEMETERY OR CREMATORY

Hazel Dell Cemetery

## 23d. LOCATION (City, town, or county)

Cedar Co., Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Gwynn-Carothers El Dorado Spgs., Mo. 4-3-63

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Joe E. Durbin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/591 02012 02013 24 05 1

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12 1-013 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*May W. Dickering*

Licensed Embalmer No. 46196

P. O. Address

*E. D. Dicks, Jr., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 4-3-63